

## Retail Food Establishment Inspection Report

## Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

|   | _          | 100010           | in of each violation is specified in the narrative portion of the                                      |                              | <u> </u>                             |               |
|---|------------|------------------|--|------------------------------|--------------------------------------|---------------|
| Establishment Name  |            |                  |  | Telephone Number             | Date of Inspection (mm/dd/yr) PERMIT | Γ#            |
| Prime's Delica ksses  Establishment Address (number and street, city, state, zip code)  |            |                  |  |                              | 5/15/2019 18-19                      | 5             |
|   |            |                  |  | SAZ 262 4003                 | 3/.3/20.1                            | /T<br>:       |
| 155 E. Mais St. New Allemy, 12 47150 Owner  |            |                  |  | Purpose:                     | Follow-up Release Date               |               |
| Dale Harris   |            |                  |  | 1. Routine                   | No TODAY                             |               |
| Owner's Address   |            |                  |  | 2. Follow-up                 | Summary of Violations:               |               |
|   |            |                  | <u> </u>   | 3. Complaint                 | parimary of violations.              |               |
| Person in Charge  |            |                  |  | 4. Pre-Operational           | C 3 NC & R                           | $\mathcal{D}$ |
| Dale Harris   |            |                  |  | 5. Temporary                 |                                      | <u> </u>      |
| Responsible Person's E-mail   |            |                  |  | 6. НАССР                     | Menu Type (See back of page)         |               |
| Certified Food Manager  |            |                  |  | 7. Other (list)              | 1_2 3 × 4 5                          |               |
| Dale Harris (10/30/23)  |            |                  |  |                              | 12345                                |               |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"   |            |                  |  |                              |                                      |               |
| • CRITICAL TIEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" |            |                  |  |                              |                                      |               |
| Section#  |            |                  |  | :MMARY OF VIOLATIONS" A      | <u></u>                              |               |
|   | C/NC       | R                | Narrative Narrative  |                              | To Be Corrected B                    | y             |
| 191   | <u> </u>   | ļ                | Observed (2) undated soups   |                              | Corrected                            |               |
|   |            | ļ                | -authing over 24 hrs must be<br>Observed politic soup and chicken<br>Measured southers concentration - | 1-164                        |                                      |               |
| 192   | C          |                  | Observed potato soup and chicken   | salid past due               | (5/7) Discorded                      |               |
| 443   | C          | L.               | Measured santizer concentration -  | + 400-DDM                    | Corrected                            |               |
|   |            |                  | -target 200 ppm  |                              |                                      |               |
|   |            |                  |  |                              |                                      |               |
|   |            |                  |  |                              |                                      |               |
|   |            |                  |  |                              |                                      |               |
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|   |            |                  |  |                              |                                      |               |
| :   |            | <u> </u>         |  |                              |                                      |               |
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|   |            | <u> </u>         |  |                              |                                      |               |
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|   |            |                  |  |                              |                                      |               |
| ;   |            |                  |  |                              |                                      |               |
|   |            | T                |  |                              |                                      |               |
| Received by   | (name and  | ti <b>tl</b> e j | printefl):   | Inspected by (name and title | printed);                            |               |
|   | 2/2        |                  | HORACIS Ja   | A.). Ingram (EHS)            |                                      |               |
| Received by   | (signature | <del>"</del>     | 17813 - 4  | Inspected by (signature):    |                                      |               |
| 1 1 1 1 1 1   |            |                  |  | y                            |                                      |               |
| cc;   | A N.       |                  | CC:  |                              | CC:                                  | $\dashv$      |
|   |            |                  |  |                              |                                      |               |